

FEE TRANSMITTAL

05/19/05

AFS
JTW

Application Number 10/606,027
Filing Date June 25, 2003
Inventor(s) Robert A. Holton
Examiner Name Ba K. Trinh
Attorney Docket Number FSUM 10466.59

Art Unit 1626
Confirmation No. 3976



☐ Applicant claims small entity status.

METHOD OF PAYMENT

- ☐ The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- ☒ Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. ☐ BASIC FILING, SEARCH AND EXAMINATION FEES
(Type: _____) Subtotal (1) \$ _____

2. ☐ EXCESS CLAIM FEES

Total Claims ____ - ____ (HP) = ____ x Fee ____ = \$ _____
Indep Claims ____ - ____ (HP) = ____ x Fee ____ = \$ _____
Multiple Dependent Claims Fee \$ _____
(HP = highest number of claims paid for)

Subtotal (2) \$ _____

3. ☐ APPLICATION SIZE FEE

Total Pages ____ - 100 = ____ ÷ 50 = ____ x \$250 = \$ _____
(Application + Drawings) (round up to whole #)

Subtotal (3) \$ _____

4. ☒ OTHER FEE(S)

- ☒ 2nd month extension of time \$450.00
☐ Information disclosure statement
☐ 37 CFR 1.17(q) processing fee
☐ Non-English specification
☐ Notice of Appeal
☒ Filing a brief in support of appeal \$500.00
☐ Request for oral hearing
☐ Other: _____

Subtotal (4) \$ 950.00

TOTAL AMOUNT OF PAYMENT \$ 950.00

Janet S. Hendrickson, Ph.D., Reg. No. 55,258
Telephone: 314-231-5400

5/18/05
Date

JSH/dep
Express Mail Label No. EV621123925US

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450.00 OP
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